

No. L 4745		Due no later than Nov 30, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		KLS&M LLC 2011 OAKWOOD DR TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed. KLS&M FAMILY LIMITED PARTNERSHIP KLS&M LLC 2011 OAKWOOD DR TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	KLS&M LLC	2011 OAKWOOD DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID L 4745		6. Annual Report must be signed.* Signature: Linda Wills Name (type or print): Linda Wills Date: 09/08/2007 Title: General Partner					
Processed 09/08/2007		* Electronically provided signatures are accepted as original signatures.					